

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

In re:

Chapter 7

Dennis P Wells,

Case No. 20-32042

[list debtor name here]

Debtor.

Hon. Joel D. Daniel Applebaum

Michigan Unemployment Insurance Agency,

Adversary Proceeding

[list plaintiff name here]

No. 21-03009

Plaintiff,

v.

Wells,

[list defendant name here]

Defendant.

APPLICATION FOR *PRO BONO* ATTORNEY

I hereby request the Court to appoint an attorney to represent me in an adversary proceeding. I am the

☒ defendant and have been sued by someone else who objects to my discharge or seeks an exception to my discharge, pursuant to 11 U.S.C. § 523(a) or § 727(a); or

- [] plaintiff and request an exception to the defendant's discharge based on my assertion that the debt is one for alimony or child or spousal support, pursuant to 11 U.S.C. § 523(a)(5) or (15).

In further support of this application, I answer the following questions.

1. Are you presently employed? Yes [] No [☒]

If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer.

APPLICANT:

Gross Monthly Income \$

Employer Name:

Address:

NOTE: If you are the debtor/defendant and your circumstances have changed since the initial filing of your Schedules I and J, you must file and attach amended Schedules I and J to this application.

JOINT APPLICANT:

Gross Monthly Income \$

Employer Name:

Address:

NON-FILING SPOUSE:

Gross Monthly Income \$

Employer Name:

Address:

2. Within the past twelve months, have you received or are you currently receiving any money from any of the following sources?

- | | | | |
|----|---|---|--|
| a. | Unemployment Benefits | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| b. | Social Security, workers' compensation or disability payments | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| c. | Business, profession or other form of self-employment | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| d. | Rent payments, interest or dividends | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| e. | Pensions, annuities or life insurance payments | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| f. | Gifts or inheritances | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| g. | Tax refund | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| h. | Any other income sources | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

3. If you have answered yes to any of the above in question 2, list each source and state the amount received each month for the past twelve months.

NAME THE SOURCE	\$ AMOUNT PER MONTH
unemployment	\$ 2094.00
	\$
	\$
	\$
	\$

- 4 a. Do you have any cash on hand, Yes [] No [☒]
or in a checking or savings account?

- (b). If the answer is yes to 4.a., state the total amount of each.

CASH ON HAND	\$ 0
CHECKING ACCOUNT	\$ 5.00
SAVINGS ACCOUNT	\$ 0

5. a. Do you own any real estate, stocks, bonds, notes, automobiles, life insurance policies (cash value), 401(k) plans or other valuable property (excluding ordinary household furnishings and clothing)? Yes [☒] No []
Bobbi Wells
owns Trucks

- b. If the answer is yes to 5.a., describe each property and state its approximate value.

REAL ESTATE	House making Payments \$ 18,000. ⁰⁰
STOCKS	\$ N/A
BONDS	\$ N/A
NOTES	\$ N/A
AUTOMOBILES	\$ 1500. ⁰⁰
LIFE INSURANCE POLICIES	\$ N/A
401(k) PLANS	\$ N/A
OTHER VALUABLE PROPERTY	\$ N/A

6. List the persons who are dependent upon you for support; state the age and your relationship to those persons, and indicate how much you contribute toward their support. If you are married include your spouse. **For dependent minor children, list age and relationship only, but not their names.**

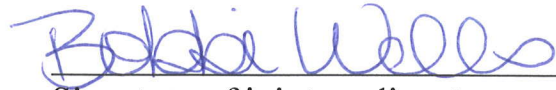
YOUR RELATIONSHIP TO DEPENDENT PERSON	AGE
Michael Severson stepson	13
Montana Deschepper stepdaughter	7
Mataya wells daughter	5
Blake wells son	13
Bobbi wells wife	34

I declare under penalty of perjury that the foregoing is true and correct.

Dennis Wells
Please print name of applicant


Signature of applicant

Bobbi Wells
Please print name of joint applicant
(spouse, if applicable)


Signature of joint applicant
(spouse, if applicable)

857 UNION Ave
Current address

OWASSO, MI 48867
City/state/zip

517 677 2663 / 517 492 7521
Telephone number

Date 3-25-21